

Dr. Ruth C(lifford) Engs - Presentations, Publications & Research Data Collection.

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The Collection

This document is part of a collection that serves two purposes. First, it is a digital archive for a sampling of unpublished documents, presentations, questionnaires and limited publications resulting from over forty years of research. Second, it is a public archive for data on college student drinking patterns on the national and international level collected for over 20 years. Research topics by Dr. Engs have included the exploration of hypotheses concerning the determinants of behaviors such as student drinking patterns; models that have examine the etiology of cycles of prohibition and temperance movements, origins of western European drinking cultures (attitudes and behaviors concerning alcohol) from antiquity, eugenics, Progressive Era, and other social reform movements with moral overtones-Clean Living Movements; biographies of health and social reformers including Upton Sinclair; and oral histories of elderly monks.

Citation for this item

To obtain citation format and information for this document go to:

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Indiana University Archives

Paper manuscripts and material for Dr. Engs can be found in the IUArchives

http://webapp1.dlib.indiana.edu/findingaids/view?doc.view=entire_text&docId=InU-Ar-VAC0859

Ontario Lifestyle, Alcohol, and Drug Questionnaire

The Addiction Research Foundation is doing a study of university students behaviours including lifestyles, alcohol, and drug use. The results will be used for program planning on university campuses. Please DO NOT WRITE YOUR NAME on this questionnaire because we wish to retain your anonymity.

1	2	3	4

[For Office Use Only]

For each question select your best choice from the various items and place the corresponding number in the box.

Example If your favourite color is Red, put a 1 in the Box.

1. Red
2. Blue

3. Purple
4. Yellow

1

PERSONAL INFORMATION

1. Sex: 1. Male 2. Female

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 5

2. Age: (Write in years)

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 6 7

3. Please indicate the ethnic group to which you feel you primarily belong:

- 0. British Isles (e.g., English, Irish, Scottish, Welsh)
- 1. French
- 2. Other North and West European (e.g., Belgian, Danish, Swedish, Finnish, Icelandic, Netherlands, Norwegian)
- 3. German
- 4. Italian
- 5. Other Central and South European (e.g., Austrian, Czech, Greek, Hungarian, Portuguese, Slovak, Spanish, Yugoslavian)
- 6. Ukranian
- 7. Other East European (e.g., Bulgarian, Estonian, Latvian, Lithuanian, Polish, Romainian, Russian)
- 8. Native Indian & Inuit
- 9. Asian and African
- Other (please specify) _____

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 8

4. Year in University:

1. First
2. Second
3. Third
4. Fourth

☐ 9

5. Overall average grade last year (in percentage):

☐ ☐ 1

6. What religion were you brought up in?

1. Roman Catholic
2. Protestant (allowed to drink)
3. Protestant (not allowed to drink)
4. Jewish
5. Eastern Orthodox
6. Other/none (specify) _____

☐ 12

7. What is your current religion?

1. Roman Catholic
2. Protestant (allowed to drink)
3. Protestant (not allowed to drink)
4. Jewish
5. Eastern Orthodox
6. Other/none (specify) _____

☐ 13

8. How important is religion to you?

1. Very important
2. Moderately important
3. Mildly important
4. Not important

☐ 14

9. How frequently do you attend religious services?

1. Very frequently
2. Frequently
3. Occasionally
4. Infrequently
5. Very infrequently
6. Never

☐ 15

10. Marital status?

1. Single
2. Married/Living with someone
3. Divorced/Separated/Widowed

☐ 16

11. Type of residence you live in?

1. University residence
2. Parents house
3. Fraternity/Sorority
4. Off campus house or apartment
5. Other (specify) _____

☐ 17

12. Faculty of study?

0. Applied Health Science
1. Arts
2. Business Administration
3. Engineering Science
4. Music
5. Nursing
6. Physical Education
7. Science
8. Social Science
9. Other

☐ 18

LIFESTYLE INFORMATION

During the past year, on the average, how often have you engaged in the following activities?

(Use the following codes when answering questions 13 to 25)

1. More than once a day, seven days a week
2. Once a day, seven days a week
3. At least 3 times a week, but not every day
4. About once a week
5. About 2 or 3 times a month, but not every week
6. About once a month
7. 2 to 6 times a year
8. Once a year
9. Not at all

13. Individual physical exercise for at least a half hour (jogging, swimming, bicycling, etc.)

☐ 19

- | | |
|---|-----------------------------|
| 14. Team physical exercise for at least a half hour
(tennis, volleyball, handball, etc.) | <input type="checkbox"/> 20 |
| 15. Studying for at least an hour | <input type="checkbox"/> 21 |
| 16. Watching T.V. for at least a half hour | <input type="checkbox"/> 22 |
| 17. Playing video games for at least a half hour | <input type="checkbox"/> 23 |
| 18. Going on a shopping spree for at least an hour | <input type="checkbox"/> 24 |
| 19. Working on a computer for at least a half hour | <input type="checkbox"/> 25 |
| 20. Sexual activity | <input type="checkbox"/> 26 |
| 21. Gambling (lottery, horse races, etc.) | <input type="checkbox"/> 27 |
| 22. Beginning a new love relationship | <input type="checkbox"/> 28 |
| 23. Dieting to lose weight | <input type="checkbox"/> 29 |
| 24. Overeating | <input type="checkbox"/> 30 |
| 25. Using laxatives or inducing vomiting after eating
too much to prevent weight gain | <input type="checkbox"/> 31 |

* * * * *

The following are common results of drinking that other students have reported. If you have never had a drink at all go to Question 46. If you currently drink or have been a drinker in the past, put the number corresponding to the statement which best describes the frequency with which the event has occurred.

(Use the following codes when answering questions 26 to 45)

1. At least once during the past two months and at least one additional time during the year.
 2. At least once within the past two months, but not during the rest of the past year.
 3. Not during the past two months, but at least once during the past year.
 4. Has happened at least once in my life, but not during the past year.
 5. Has not happened to me.
-
- | | |
|---|-----------------------------|
| 26. Have had a hangover | <input type="checkbox"/> 32 |
| 27. Have gotten nauseated and vomited from drinking | <input type="checkbox"/> 33 |

- | | | |
|--|--------------------------|----|
| 28. Driven a car <u>after</u> having several drinks | <input type="checkbox"/> | 34 |
| 29. Driven a car when you know you have had too much to drink | <input type="checkbox"/> | 35 |
| 30. Drinking <u>while</u> driving a car | <input type="checkbox"/> | 36 |
| 31. Come to class after having several drinks | <input type="checkbox"/> | 37 |
| 32. "Cut a class" after having several drinks | <input type="checkbox"/> | 38 |
| 33. Missed a class because of a hangover | <input type="checkbox"/> | 39 |
| 34. Arrested for DWI (Driving While Intoxicated) | <input type="checkbox"/> | 40 |
| 35. Been criticized by someone you were dating because of your drinking | <input type="checkbox"/> | 41 |
| 36. Trouble with the law because of drinking | <input type="checkbox"/> | 42 |
| 37. Lost a job because of drinking | <input type="checkbox"/> | 43 |
| 38. Got a lower grade because of drinking too much | <input type="checkbox"/> | 44 |
| 39. Gotten into trouble with the school administration because of your behavior resulting from drinking too much | <input type="checkbox"/> | 45 |
| 40. Gotten into a fight after drinking | <input type="checkbox"/> | 46 |
| 41. Thought you might have a problem with your drinking | <input type="checkbox"/> | 47 |
| 42. Damaged property, pulled false fire alarm, or other such behavior after drinking | <input type="checkbox"/> | 48 |
| 43. Involved in some type of accident after drinking | <input type="checkbox"/> | 49 |
| 44. Suffered a loss of memory after drinking | <input type="checkbox"/> | 50 |
| 45. Done something you regretted after drinking | <input type="checkbox"/> | 51 |

DRINKING PATTERNS

46. Let's first take beer. how often, on the average, do you usually have a beer? (If you do not drink beer at all, go to Question 48)

1. Every day
2. At least once a week, but not every day
3. At least once a month, but less than once a week
4. More than once a year, but less than once a month
5. Once a year or less

<input type="checkbox"/>	52
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47. When you drink beer, how many 12 oz. beers, on the average, do you usually drink at any one time?

1. More than six
2. 5 or 6
3. 3 or 4
4. 1 or 2

☐ 5

48. Now let's look at table wine. How often do you usually have wine?
(If you do not drink wine at all, go to Question 50)

1. Every day
2. At least once a week, but not every day
3. At least once a month, but less than once a week
4. More than once a year, but less than once a month
5. Less than 1 can of beer or tavern glass

☐ 54

49. When you drink wine, how much, on the average, do you usually drink at any one time?

1. Over 6 wine glasses
2. 5 or 6 wine glasses
3. 3 or 4 wine glasses
4. 1 or 2 wine glasses
5. less than 1 glass of wine

☐ 55

50. Next, we would like to ask you about liquor or spirits
(whiskey, gin, vodka, mixed drinks, etc.).

How often do you usually have a drink of liquor?
(If you do not drink liquor at all, go to Question 52)

1. Every day
2. At least once a week, but not every day
3. At least once a month, but less than once a week
4. More than once a year, but less than once a month
5. Once a year or less

☐ 56

51. When you drink liquor, how many, on average, drinks do you usually drink at any one time?

1. More than six
2. 5 or 6
3. 3 or 4
4. 1 or 2
5. Less than 1 drink

☐ 57

52. IN THE LAST 12 MONTHS, how often did you use TOBACCO?

1. I did not use tobacco in the last 12 months
2. I tried one cigarette in the last 12 months
3. I had less than 1 cigarette a day
4. I had 1 or 2 cigarettes a day
5. I had 3 to 5 cigarettes a day
6. I had 6 to 10 cigarettes a day
7. I had 11 to 15 cigarettes a day
8. I had 16 to 20 cigarettes a day
9. I had more than 20 cigarettes a day

☐ 58

53. IN THE LAST 12 MONTHS, how often have you used ALCOHOL?
LIQUOR (rum, whisky, etc.), WINE or BEER?

1. I did not drink alcohol at all in the last 12 months
2. I only drank at special events (e.g. Christmas or weddings)
3. I have had a sip of alcohol to see what it is like
4. I drank alcohol once a month or less often
5. I drank alcohol about 2 or 3 times a month
6. I drank alcohol about once a week
7. I drank alcohol about 2 or 3 times a week
8. I drank alcohol about 4 or 5 times a week
9. I drank alcohol almost every day - 6 or 7 times a week

☐ 59

54. IN THE LAST 12 MONTHS, how often did you use CANNABIS?
(also know as Marijuana, "Grass", "Pot", Hashish, "Hash", Hash Oil)

1. I do not know what Cannabis is
2. I did not use Cannabis in the last 12 months
3. I used Cannabis 1 or 2 times
4. I used Cannabis 3 to 5 times
5. I used Cannabis 6 to 9 times
6. I used Cannabis 10 to 19 times
7. I used Cannabis 20 to 39 times
8. I used Cannabis 40 or more times

☐ 60

55. IN THE LAST 12 MONTHS, how often did you sniff GLUE in order TO GET HIGH? (e.g., airplane glue, contact cement, etc.)

1. I did not sniff glue to get high in the last 12 months
2. I sniffed glue to get high 1 or 2 times
3. I sniffed glue to get high 3 to 5 times
4. I sniffed glue to get high 6 to 9 times
5. I sniffed glue to get high 10 to 19 times
6. I sniffed glue to get high 20 to 39 times
7. I sniffed glue to get high 40 or more times

☐ 61

56. IN THE LAST 12 MONTHS, how often did you sniff SOLVENTS, in order TO GET HIGH? (e.g., nail polish remover, paint thinner, gasoline, etc.)

1. I did not sniff a solvent to get high in the last 12 months
2. I sniffed a solvent to get high 1 or 2 times
3. I sniffed a solvent to get high 3 to 5 times
4. I sniffed a solvent to get high 6 to 9 times
5. I sniffed a solvent to get high 10 to 19 times
6. I sniffed a solvent to get high 20 to 39 times
7. I sniffed a solvent to get high 40 or more times

☐ 62

57. IN THE LAST 12 MONTHS, how often did you take BARBITURATES (e.g., "Bombers", Seconal, Amytal, etc.) WITHOUT a prescription or WITHOUT a doctor telling you to take them?

1. I do not know what barbiturates are
2. I did not take any barbiturates in the last 12 months without a prescription or without a doctor telling me to
3. I took barbiturates 1 or 2 times without a prescription
4. I took barbiturates 3 to 5 times without a prescription
5. I took barbiturates 6 to 9 times without a prescription
6. I took barbiturates 10 to 19 times without a prescription
7. I took barbiturates 20 to 39 times without a prescription
8. I took barbiturates 40 or more times without a prescription

☐ 63

58. IN THE LAST 12 MONTHS, how often did you take BARBITURATES WITH a prescription or because a doctor told you to take them?

1. I do not know what barbiturates are
2. I did not take any barbiturates in the last 12 months with a prescription or because a doctor told me to
3. I took barbiturates 1 or 2 times with a prescription
4. I took barbiturates 3 to 5 times with a prescription
5. I took barbiturates 6 to 9 times with a prescription
6. I took barbiturates 10 to 19 times with a prescription
7. I took barbiturates 20 to 39 times with a prescription
8. I took barbiturates 40 or more times with a prescription

☐ 64

59. IN THE LAST 12 MONTHS, how often did you use HEROIN?
(also known as "H", "junk", or "s ack")

1. I do not know what heroin is
2. I did not use heroin in the last 12 months
3. I used heroin 1 or 2 times
4. I used heroin 3 to 5 times
5. I used heroin 6 to 9 times
6. I used heroin 10 to 19 times
7. I used heroin 20 to 39 times
8. I used heroin 40 or more times

☐ 65

60. IN THE LAST 12 MONTHS, how often did you use AMPHETAMINES?
(also known as speed)

1. I do not know what speed is
2. I did not use speed in the last 12 months
3. I used speed 1 or 2 times
4. I used speed 3 to 5 times
5. I used speed 6 to 9 times
6. I used speed 10 to 19 times
7. I used speed 20 to 39 times
8. I used speed 40 or more times

☐ 60

61. IN THE LAST 12 MONTHS, how often did you use STIMULANTS other than COCAINE (such as "Uppers", "Beans", "Christmas trees", "Black Beauties", Diet Pills, etc.) WITHOUT a prescription or WITHOUT a doctor telling you to take them?

1. I do not know what stimulant pills are
2. I did not use stimulant pills in the last 12 months without a prescription or without a doctor telling me to
3. I used stimulant pills 1 or 2 times without a prescription
4. I used stimulant pills 3 to 5 times without a prescription
5. I used stimulant pills 6 to 9 times without a prescription
6. I used stimulant pills 10 to 19 times without a prescription
7. I used stimulant pills 20 to 39 times without a prescription
8. I used stimulant pills 40 or more times without a prescription

☐ 67

62. IN THE LAST 12 MONTHS, how often did you use STIMULANT pills WITH a prescription or because a doctor told you to take them?

1. I do not know what stimulant pills are
2. I did not use stimulant pills in the last 12 months with a prescription or with a doctor telling me to
3. I used stimulant pills 1 or 2 times with a prescription
4. I used stimulant pills 3 to 5 times with a prescription
5. I used stimulant pills 6 to 9 times with a prescription
6. I used stimulant pills 10 to 19 times with a prescription
7. I used stimulant pills 20 to 39 times with a prescription
8. I used stimulant pills 40 or more times with a prescription

☐ 68

63. IN THE LAST 12 MONTHS, how often did you use TRANQUILLIZERS?
(such as Valium, Librium, Serax, "Tranqs", "5's" 10's", etc.) WITHOUT
a prescription or WITHOUT a doctor telling you to take them?

1. I do not know what tranquillizers are
 2. I did not use tranquillizers in the last 12 months without a prescription or without a doctor telling me to
 3. I used tranquillizers 1 or 2 times without a prescription
 4. I used tranquillizers 3 to 5 times without a prescription
 5. I used tranquillizers 6 to 9 times without a prescription
 6. I used tranquillizers 10 to 19 times without a prescription
 7. I used tranquillizers 20 to 39 times without a prescription
 8. I used tranquillizers 40 or more times without a prescription
- ☐

64. IN THE LAST 12 MONTHS, how often did you use TRANQUILLIZERS WITH a
prescription or because a doctor told you to take them?:

1. I do not know what tranquillizers are
 2. I did not use tranquillizers in the last 12 months with a prescription or with a doctor telling me to
 3. I used tranquillizers 1 or 2 times with a prescription
 4. I used tranquillizers 3 to 5 times with a prescription
 5. I used tranquillizers 6 to 9 times with a prescription
 6. I used tranquillizers 10 to 19 times with a prescription
 7. I used tranquillizers 20 to 39 times with a prescription
 8. I used tranquillizers 40 or more times with a prescription
- ☐

65. IN THE LAST 12 MONTHS, how often did you use LSD or ACID?

1. I do not know what LSD is
 2. I did not use LSD in the last 12 months
 3. I used LSD 1 or 2 times
 4. I used LSD 3 to 5 times
 5. I used LSD 6 to 9 times
 6. I used LSD 10 to 19 times
 7. I used LSD 20 to 39 times
 8. I used LSD 40 or more times
- ☐

66. IN THE LAST 12 MONTHS, how often did you use the drug PCP?
(also known as "Angel Dust", "Dust", "Horse Tranquillizer", etc.)

1. I do not know what PCP is
 2. I did not use PCP in the last 12 months
 3. I used PCP 1 or 2 times
 4. I used PCP 3 to 5 times
 5. I used PCP 6 to 9 times
 6. I used PCP 10 to 19 times
 7. I used PCP 20 to 39 times
 8. I used PCP 40 or more times
- ☐

67. IN THE LAST 12 MONTHS, how often did you use HALLUCINOGENS, other than LSD or PCP?
(e.g., Mescaline and Psilocybin, "Magic Mushrooms", "Mesc", etc.)

1. I do not know what hallucinogens are
2. I did not use hallucinogens in the last 12 months
3. I used hallucinogens 1 or 2 times
4. I used hallucinogens 3 to 5 times
5. I used hallucinogens 6 to 9 times
6. I used hallucinogens 10 to 19 times
7. I used hallucinogens 20 to 39 times
8. I used hallucinogens 40 or more times

☐

68. IN THE LAST 12 MONTHS, how often did you use COCAINE?
(also known as "Coke", "Snow", "Snort", "Blow", "Crack", etc.)

1. I do not know what cocaine is
2. I did not use cocaine in the last 12 months
3. I used cocaine 1 or 2 times
4. I used cocaine 3 to 5 times
5. I used cocaine 6 to 9 times
6. I used cocaine 10 to 19 times
7. I used cocaine 20 to 39 times
8. I used cocaine 40 or more times

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Behavior questions 26-51 from R. Engs, Student Alcohol Questionnaire. Behavior questions 13-25 and 52-68 developed by L. Glicksman, C. Smyth 1987-1988